

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

 Docket Number (Optional)
 407T-000600US


In re Application of Henry Hirschberg, et al.

Application Number: 09/750,832

Filed: December 28, 2000

For Implatable Intracranial Photo Applicator For Long Term Fractionated Photodynamic And Radiation Therapy In The Brain And Methods Of Using The Same

Group Art Unit 3739

Examiner David M. Shay

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|-------------------------------------|--|--------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$450 |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1020 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1590 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2160 |
| <input checked="" type="checkbox"/> | Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>510.00</u> . | |

A small entity statement under 37 CFR 1.27:

- ☐ is enclosed.
- ☐ has already been filed in this application.

- ☐ A check in the amount of the fee is enclosed.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☐ The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment, to Deposit Account Number 50-0893. *I have enclosed a duplicate copy of this sheet.*

- I am the ☐ assignee of record of the entire interest.
- ☐ applicant.
- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a)
 Registration number if acting under 37 CFR 1.34(a). _____

December 30, 2004

Date

Signature

01/04/2005 SFELEKE1 00000006 500893 09750832

02 FC:2253

510.00 DA

Tom Hunter, 38,498

Typed or printed name and Reg. No.

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DC 20231 on the date below:

Typed or Printed Name	Chiant Applng		
Signature		Date	12/30/04